PAGE 1 / 16

Image# 15950811509

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		tutilonizea con			Office Use Only					
1. NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼	Example: over the li	f typing, type nes.	12FE4M5						
American Academy of F	amily Physicians	Political Action	on Committe	e						
ADDRESS (number and street)	1133 Connecticut Avenu	ie, NW								
Check if different	Suite 1100									
than previously reported. (ACC)	Washington			DC	20036					
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦		STATE ▲	ZIP CODE ▲					
C C00411553	3.	IS THIS REPORT	NEW (N) OR		IENDED					
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5	i) Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)					
(a) Quarterly Reports:	L .	Mar 20 (M3)	Jun 20 (M6	H	20 (M9) Dec 20 (M12) (Non-Election Year Only)					
April 15 Quarterly Report (Q1)		Apr 20 (M4)	Jul 20 (M7)		20 (M10) Jan 31 (YE)					
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	H	y (12P)	General						
October 15 Quarterly Report (Q3)	Report for the	e: Conve	ntion (12C)	Special (128)					
January 31 Year-End Report (YE)	FI	ection on	M / D D /	Y II Y II Y	in the State of					
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the		al (30G)	Runoff (3	Special (30S)					
Termination Report (TER)	·	ection on	M / D = D /	Y = Y = Y = Y	in the State of					
5. Covering Period 01	01 201	5 thro	ugh 01	31	2015					
I certify that I have examined this	Report and to the best	t of my knowledge	and belief it is	rue, correct and	d complete.					
Type or Print Name of Treasurer	Hugh Wi Taylor MD									
Signature of Treasurer Hugh M	Taylor MD	[Electro	onically Filed]	Date 02	20 / 2015					
NOTE: Submission of false, erroneon	us, or incomplete informa	ation may subject th	e person signing	this Report to the	ne penalties of 2 U.S.C. §437g.					
Office Use Only					FEC FORM 3X Rev. 12/2004					

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 01 01 2015 To: 01 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand January 1, 2015		439347.27				
	(b) Cash on Hand at Beginning of Reporting Period	439347.27					
	(c) Total Receipts (from Line 19)	24733.66	24733.66				
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	464080.93	464080.93				
7.	Total Disbursements (from Line 31)	62937.07	62937.07				
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	401143.86	401143.86				
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

I. Receipts	I. Receipts COLUMN A Total This Period						
. Contributions (other than loans) From:							
(a) Individuals/Persons Other							
Than Political Committees		2004.00					
(i) Itemized (use Schedule A)	8681.66	8681.66					
(ii) Unitemized	15100.69	15100.69					
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	23782.35	23782.35					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees							
(such as PACs)	0.00	0.00					
(d) Total Contributions (add Lines							
11(a)(iii), (b), and (c)) (Carry							
Totals to Line 33, page 5)	23782.35	23782.35					
. Transfers From Affiliated/Other							
Party Committees	0.00	0.00					
. All Loans Received	0.00	0.00					
. Loan Repayments Received	0.00	0.00					
Offsets To Operating Expenditures	7	7					
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	951.31	951.31					
. Refunds of Contributions Made	7 7	7					
to Federal Candidates and Other							
Political Committees	0.00	0.00					
Other Federal Receipts	0.00	0.00					
(Dividends, Interest, etc.)	0.00	0.00					
Transfers from Non-Federal and Levin Funds	0.00	0.00					
(a) Non-Federal Account							
(from Schedule H3)	0.00	0.00					
(IIOIII GOIIGGUIG FIO)	0.00	0.00					
(b) Lovin Fundo (from Cobodulo 115)	0.00	0.00					
(b) Levin Funds (from Schedule H5)	3.00	0.00					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
(c) Total Transfers (add To(a) and To(b))		0.00					
. Total Receipts (add Lines 11(d),							
12, 13, 14, 15, 16, 17, and 18(c))▶	24733.66	24733.66					
. Total Federal Receipts							

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period					
	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date				
	(i) Federal Share	0.00	0.00				
	(ii) Non-Federal Share	0.00	0.00				
	(b) Other Federal Operating						
	Expenditures	437.07	437.07				
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	437.07	437.07				
2.	Transfers to Affiliated/Other Party	, , , , ,	107.0				
	Committees	0.00	0.00				
 	Contributions to Federal Candidates/Committees and Other Political Committees	62500.00	62500.00				
	Independent Expenditures	0.00	0.00				
5. ((use Schedule E) Coordinated Party Expenditures	0.00	0.00				
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
6. I	Loan Repayments Made	0.00	0.00				
7 1	Loans Made	0.00	0.00				
8.	Refunds of Contributions To: (a) Individuals/Persons Other						
,	Than Political Committees	0.00	0.00				
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees						
	(such as PACs)	0.00	0.00				
	(d) Total Contribution Refunds						
	(add Lines 28(a), (b), and (c))▶	0.00	0.00				
9. (Other Disbursements	0.00	0.00				
n 1	Federal Election Activity (2 U.S.C. §431(20))						
	(a) Allocated Federal Election Activity						
	(from Schedule H6)	0.00	0.00				
	(i) Federal Share	0.00	0.00				
	(ii) "Levin" Share	0.00	0.00				
	(b) Federal Election Activity Paid Entirely		200				
	With Federal Funds	0.00	0.00				
,	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
1.	Total Disbursements (add Lines 21(c), 22,						
1	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	62937.07	62937.07				
	Total Federal Disbursements						
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	62937.07	62937.07				
1	from Line 31)	02331.01	02931.01				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	23782.35	23782.35
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23782.35	23782.35
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	437.07	437.07
. Offsets to Operating Expenditures (from Line 15, page 3)	951.31	951.31
Net Operating Expenditures (subtract Line 37 from Line 36)	-514.24	-514.24

Use separate schedule(s) for each category of the Detailed Summary Page

_	LINE	_		:	PAGE	:	6 OF 16				
(che	ck only	or	ne)								
×	11a		11b		11c		12				
	13		14		15		16	;		17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Thomas E Bat MD Date of Receipt Mailing Address 3400 Old Milton Pkwy 2015 City State Zip Code Transaction ID: C2916207 GA 30005-3707 Alpharetta Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Luis Manuel Benavides MD Date of Receipt Mailing Address 506 Gale St 01 12 2015 City State Zip Code Transaction ID: C2916209 TX Laredo 78041-6003 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven C Brandon MD Date of Receipt Mailing Address 501 Hospital Rd

Zip Code

39759-2158

State

MS

Occupation Physician

Aggregate Year-to-Date ▼

С

2015

365.00

01

07

Amount of Each Receipt this Period

Transaction ID: C2907736

City

Starkville

FEC ID number of contributing

Leonard H. Brandon, MD, PA

General

federal political committee.

Name of Employer

Primary

Receipt For:

Use separate schedule(s) for each category of the

FOR LI	NE NUN	/IBER:	PAGE	7	OF	16
(check of	only one))				
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13		14	15	-	16	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Steven A Crawford MD Date of Receipt Mailing Address 900 NE 10th St 2015 23 City Zip Code State Transaction ID : C2916970 OK Oklahoma City 73104-5420 Amount of Each Receipt this Period FEC ID number of contributing 416.66 federal political committee. Name of Employer Occupation Physician Faculty University of Oklahoma Receipt For: Aggregate Year-to-Date ▼ Primary General 416.66 Other (specify) Full Name (Last, First, Middle Initial) B. Roger Neal Fowler MD Date of Receipt Mailing Address 4418 Cascades Blvd 01 07 2015 City State Zip Code Transaction ID: C2907765 TX Tyler 75709-5385 Amount of Each Receipt this Period FEC ID number of contributing 230.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) c. Douglas E Henley MD Date of Receipt Mailing Address 11400 Tomahawk Creek Pkwy 2015 01 21 City Zip Code State Transaction ID: C2916190 KS Leawood 66211-2680 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional)		Ī	7	Ī	7	I	314	16.66	
TOTAL This Period (last page this line number only)			7		7	I		_	

2500.00

Family Physician/CEO

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

American Academy of Family Physicians

General

Use separate schedule(s) for each category of the Detailed Summary Page

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	13		14		15	16		17	

NAME OF COMMITTEE (In Full)	ly Physicians Political Action Comm	
Full Name (Last, First, Middle Initial) A. Marilyn L Juricic MD	iy Enysicians Fullical Action Comm	
Mailing Address 11 Hemlock Terrace Tra	k	Date of Receipt 01 07 2015
City	State Zip Code	Transaction ID : C2907762
Ocala	FL 34472-9584	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	7
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Rick Kellerman Md Kellerman M	1D	Date of Receipt
Mailing Address 521 N Armour St		M = M / D = D / Y = Y = Y
City	State Zip Code	01 04 2015
City Wichita	KS 67206-1513	Transaction ID : C2904518
	110 07200-1313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
KUSM-Wichita	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Susan Karen Kinast-Porter M	D	Date of Receipt
Mailing Address 2302 11th St		01 20 2015
City	State Zip Code	Transaction ID : C2916682
Monroe	WI 53566-1811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	\dashv
Mercy Health System	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (option	al)	1730.00
TOTAL This Period (last page this line nur	mher only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
		hysicians Political Action Committe	ee
۹.	Full Name (Last, First, Middle Initial) Colleen C Lyons MD		Date of Receipt
	Mailing Address 2874 N Carson St Ste 127		01 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Carson City	State Zip Code NV 89706-1681	Transaction ID : C2916690 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer Self-Employed	Occupation Family Medicine Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
3.	Full Name (Last, First, Middle Initial) Richard F Madden MD Mailing Address 609 Christopher Dr		Date of Receipt
	City Belen	State Zip Code NM 87002-2615	01 20 2015 Transaction ID : C2916691
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
	Name of Employer Presbyterian Healthcare Services	Occupation Family Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Tamaan Kito Osbourne-Roberts		Date of Receipt
	Mailing Address 2615 Central Park Blvd		01 20 2015
	City Denver	State Zip Code CO 80238-2525	Transaction ID : C2916720 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer Information Requested Receipt For:	Occupation Information Requested Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	365.00	
s	UBTOTAL of Receipts This Page (optional)		1615.00
T	OTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	1	10	OF		16
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	13		14		15		16	;		17

	and statements may not be sold or used by any per g the name and address of any political committee t					
NAME OF COMMITTEE (In Full)						
American Academy of Famil	y Physicians Political Action Commit	ttee				
Full Name (Last, First, Middle Initial) A. Soujanya R Pulluru MD		Date of Receipt				
Mailing Address 3908 Littlestone Cir		01 17 2015				
City	State Zip Code	Transaction ID : C2914715				
Naperville	IL 60564-5915	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	365.00				
Name of Employer	Occupation	†				
Dupage Medical Group	Physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	365.00					
Full Name (Last, First, Middle Initial) 3. Brent William Smith MD		Date of Receipt				
Mailing Address 1505 Palmer Ct		01 07 2015				
City	State Zip Code	Transaction ID : C2907735				
Dixon	Dixon CA 95620-4103					
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 365.00				
Name of Employer	Occupation	1				
US Air Force	Physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	365.00					
Full Name (Last, First, Middle Initial) C. Touber Vang MD	'	Date of Receipt				
Mailing Address 189 Country Club Dr 522 Allen St Ste 203		01 30 _2015 _				
City	State Zip Code	Transaction ID : C2922377				
Troy	NC 27371-8301	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	365.00				
Name of Employer	Occupation	-				
Information Requested	Information Requested					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	365.00					
SUBTOTAL of Receipts This Page (optional	al)	1095.00				
, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·					
TOTAL This Period (last page this line num	nber only)	8681.66				

S 17

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 16
IT	EMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	11a 11b 11c 12 13 14 X 15 16 17
Δr	v information copied from such Reports and S	tatements ma	I ay not be sold or used by any n	erson for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and a	address of any political committee	e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	hvoiciana	Dolitical Action Comm	vittoo
/	American Academy of Family P	nysicians	6 Folitical Action Comm	iiilee
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	American Academy of Family Physicia	ans		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy	/		M = M / D = D / Y = Y = Y
	City	04-4-	7in Codo	01 14 2015
	City	State KS	Zip Code 66211-2672	Transaction ID : C2914695
	Leawood	NO	00211-2012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		951.31
	•			7 7
	Name of Employer	Occupation	l	
	Descript For			
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		951.31	
	Cirici (Specify)		001.01	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	011	0		
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	•			
	Name of Employer	Occupation	1	
	Descript For			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		A A A	
	(-1:			
_	Full Name (Last, First, Middle Initial)			
C.				Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	
	City	Sidle	ZIP Code	Amount of Foob Possint this Posis
	FFO ID number of contribution			Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	•			
	Name of Employer	Occupation	1	
	Pagaint For:			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)			
			7	1

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

951.31

951.31

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S	CHEDULE B (FEC Form 3X)											16		
IT	EMIZED DISBURSEMENTS	Use sepa) (check only			ly one)								
-	 		category of the Summary Page		X	21b	22		23		24	25		26
_						27	28a		28b	\perp	28c	29		30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the name													3
\setminus	NAME OF COMMITTEE (In Full)													
	American Academy of Family Phys	icians P	Political Acti	on C	Com	mitt	ee							
_	Full Name (Last, First, Middle Initial)													
A.	American Express						Date of Disbursement							
	Mailing Address PO Box 53852						01	_	0	2		2015	_	
		State	Zip Code				Trar	sact	ion ID	: D'	163931			
	Phoenix Purpose of Disbursement	AZ	85072-3852											
	Bank card processing fee						Amou	nt of	Each	Dish	burseme	nt this	Perio	od
	Candidate Name				ategor Type	ry/			,		,		1.35	
	Office Sought: House Disbursen	nent For:												
		Primary	General											
	State: District:	Other (spec	CITY) \blacktriangledown											
_	Full Name (Last, First, Middle Initial)													
В.	American Express						Date	of Di	sburse	emer	nt			
	American Express						M	M /		D		Y	Y	
	Mailing Address PO Box 53852						01)5	L	2015		
	City S Phoenix	State AZ	Zip Code 85072-3852				Trai	nsact	ion ID	: D	163932			
	Purpose of Disbursement Bank card processing fee		03072 3032		-	$\overline{}$	Amou	nt of	Each	Dial	burseme	nt thin	Dorio	od
	Candidate Name				_		AIIIOU	iii oi	Lacii	DIS	Jurseme	#IIL IIIIS	rend	Ju
					itegor Type	·y/		_	7	_	7		3.25	
	Office Sought: House Disbursen													
		Primary	General											
	President State: District:	Other (spec	сіту) 🔻											
	Full Name (Last, First, Middle Initial)													
C.	American Express						Date	of Di	sburse	mer				
	Mailing Address PO Box 53852						01	_	1	2	/ Y	2015	Y	
	•	State	Zip Code				Trai	nsact	ion ID	- D	164346			
	Phoenix Purpose of Disbursement	AZ	85072-3852							. •				
	Bank card processing fee						A			D:-I			Desir	
	Candidate Name				ategor Type	y/	Amou	nt of	Eacn	DIS	burseme		Perio 2.73	oa -
	Office Sought: House Disbursen	nent For:			.,,,,				7	_	7			
		Primary	General											
	President	Other (spec	cify) 🔻											
	State: District:													
5	SUBTOTAL of Disbursements This Page (optional)					>			-	_			7.33	
1	OTAL This Period (last page this line number only)					•			,					

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S	CHEDULE B (FEC Form 3X)											16			
IT	EMIZED DISBURSEMENTS					(check only one)									
		Detailed			21b	22	Ш	23		4	25		26 20h		
_						27	28a		28b		8c	29		30b	
	ny information copied from such Reports and Statem for commercial purposes, other than using the name														
\setminus	NAME OF COMMITTEE (In Full)														
	American Academy of Family Phys	icians F	Political Action	on Co	om	mitte	ee								
_	Full Name (Last, First, Middle Initial)														
Α.	American Express		Date of	f Dis	burse		Υ	Y Y	Y						
	Mailing Address PO Box 53852						01	_	13	3	نط	2015			
		State	Zip Code				Trans	actio	on ID	: D16	4347				
	Phoenix Purpose of Disbursement	AZ	85072-3852												
	Bank card processing fee				Ξ		Amoun	t of I	Each	Disbu	rsemei	nt this	Period	t	
	Candidate Name				egory ype	//			,		7		8.84		
	Office Sought: House Disbursen Senate	nent For: Primary	General												
	President State: District:	Other (spec	cify) 🔻												
_	Full Name (Last, First, Middle Initial)														
В.	American Express						Date of	f Dis			_				
	Mailing Address PO Box 53852						01	/	20			2015	Y		
	Phoenix	State AZ	Zip Code 85072-3852				Trans	sacti	on ID	: D16	4348				
	Purpose of Disbursement Bank card processing fee			П		7	Amoun	t of l	Each	Disbu	rsemei	nt this	Period	t	
	Candidate Name				egory ype	//			,	Ξ	,		3.25		
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C.	American Express						Date of	t Dis	burse		Υ	YYY	Y		
	Mailing Address PO Box 53852						01	1	26	6		2015	_		
	City State Zip Code Phoenix AZ 85072-3852						Trans	sacti	on ID	: D16	4378				
	Purpose of Disbursement Bank card processing fee		03072-3032							D'alam			Deste		
	Candidate Name				egory	//	Amoun	t of i	=acn	DISDU	semer		3.05		
	Office Sought: House Disbursen	nent For:	I		-				7		7				
		Primary	General												
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 14 OF							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	-						
	Detailed Summary Page	X 21b		23 24 25 26					
		27		28b 28c 29 30b					
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NAME OF COMMITTEE (In Full)									
American Academy of Family Phy	sicians Political Acti	on Commit	tee						
Full Name (Last, First, Middle Initial)									
A. American Express			Date of Disk	pursement					
Mailing Address PO Box 53852			01	28 2015					
City	State Zip Code		Transactio	n ID : D164457					
Phoenix	AZ 85072-3852		Transastie						
Purpose of Disbursement Bank card processing fee			Amount of E	ach Disbursement this Period					
Candidate Name		Category/ Type		3.25					
	ement For:								
Senate President	Primary General Other (specify) ▼								
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B. American Express			Date of Disk						
Mailing Address PO Box 53852			01	29 2015					
City Phoenix	State Zip Code AZ 85072-3852		Transactio	on ID : D164458					
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Candidate Name		Category/ Type		7.95					
Office Sought: House Disburs	ement For:	туре							
Senate	Primary General								
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Full Name (Last, First, Middle Initial) C. Bank Of America Merchant Servi			Date of Disk	nurcament					
C. Bank Of America Merchant Servi	ces		M M /	D D / Y Y Y Y					
Mailing Address WA2-505-01-40 PO Box 2485			01	02 2015					
City Spokane	State Zip Code WA 99210-2485		Transactio	on ID : D163930					
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Bank card processing fee			Amount of E	ach Disbursement this Period					
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	ement For:								
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President	Other (specify)								
State: District:									
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SCHEDULE B (FEC Form 3X)		F	OR LINE	NUMBER:		PAGE	15 O	F 16
ITEMIZED DISBURSEMENTS	Use separate sched for each category of Detailed Summary F	lule(s) (f the	check only 21b 27		X 23 28b	24 28c	25 29	26
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NAME OF COMMITTEE (In Full)								
American Academy of Family Phy	sicians Political	Action C	Committ	ee				
Full Name (Last, First, Middle Initial)								
A. Democratic Congressional Camp	aign Committee			M = M	f Disbursem	/ Y	/	Υ
Mailing Address 430 S Capitol St SE FI 2	Chaha Zin Cada			01	29	2	2015	
City Washington	State Zip Code DC 20003-40			Trans	action ID:	D164412		
Purpose of Disbursement	20003-40	124						
Campaign contribution				Amoun	t of Each D	isbursemer	t this P	eriod
Candidate Name			tegory/ Type				15000.	00
Office Sought: House Disburs Senate President	ement For: Primary General G	I	,		ŕ	,		
State: District:								
Full Name (Last, First, Middle Initial) B. Democratic Senatorial Campaign	Committee			Date of	f Disbursem	ent		
	Mailing Address 120 Maryland Ave NE						2015	Υ
Mailing Address 120 Maryland Ave NE				01	29		2013	
City	State Zip Code			Trans	saction ID :	D164413		
Washington Purpose of Disbursement	DC 20002-56	610						
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Candidate Name			tegory/ Type		-,-	.,.	15000.	.00
Senate President	ement For: Primary General Other (specify) ▼	eral						
State: District:								
, , , , , , , , , , , , , , , , , , , ,	Full Name (Last, First, Middle Initial) National Republican Congressional Committee							
Mailing Address 320 1st St SE	Mailing Address 320 1st St SE						015	Y
City Washington	State Zip Code DC 20003-18			Trans	saction ID :	D164410		
Purpose of Disbursement Campaign contribution								
Candidate Name			tegory/	Amoun	t of Each D	isbursemer	t this P	
Office Sought: House Disburs	ement For:		Туре		1	7	13000.	-
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SCHEDULE B (FEC Form 3X)	Han any such a 1 1 1 1	FOR LINE	NUMBER:	PAGE 16 OF 16			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oneon only					
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30			
Any information copied from such Reports and Statem	nents may not be sold or i						
or for commercial purposes, other than using the name	ne and address of any pol	itical committee to	solicit contributions from	om such committee.			
NAME OF COMMITTEE (In Full)							
American Academy of Family Phys	sicians Political Act	tion Committ	ee				
Full Name (Last, First, Middle Initial)							
-	National Republican Senatorial Committee						
Mailing Address 425 2nd St NE			01 29	2015			
City	itate 7:- 0-1						
,	State Zip Code DC 20002-4914		Transaction ID : D	D164411			
Purpose of Disbursement							
Campaign contribution		<u> </u>	Amount of Each Dis	sbursement this Period			
Candidate Name		Category/		15000.00			
Office Sought: House Disbursem	nent For:	Type		.0000.00			
	nent For: Primary General						
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State: District:							
Full Name (Last, First, Middle Initial)							
B. BRADY FOR CONGRESS			Date of Disburseme	ent			
			M M / D D	/ Y Y Y Y Y			
Mailing Address P.O. BOX 8277			01 29	2015			
•	State Zip Code		Transaction ID : [D164414			
THE WOODLANDS Purpose of Disbursement	TX 77387						
Campaign contribution			Amount of Each Dis	sbursement this Period			
Candidate Name		Category/	23.1 01				
Rep. Kevin Brady		Type		2500.00			
Office Sought: House Disbursem	ment For: 2016						
	Primary General						
	Other (specify) ▼						
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C.			Date of Disburseme	ent			
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pood of bloodidomont		Amount of East D	sbursement this Period				
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